

## EXHIBIT 81

### MODEL LETTER TRANSMITTING MATERIALS TO A HOSPITAL REQUESTING SWING-BED APPROVAL

(Date)

Name/Title of Hospital Administrator, CEO, or Responsible Individual

Name of Hospital

Street Address

City, State, ZIP Code

Dear \_\_\_\_\_:

This letter concerns the requirements and procedures through which **(name of facility)** may be approved under Medicare as a hospital with swing-bed approval. This State survey agency (SA) certifies and periodically re-certifies hospital to assist the Centers for Medicare & Medicaid Services (CMS) in determining whether they meet the Medicare Conditions of Participation for hospitals at 42 CFR Part 482. Such approval is a prerequisite to qualify for participation in the Medicaid program also.

To be eligible for certification under Medicare as a hospital with swing-beds, **(name of facility)** must first be designated as a hospital by the State. In addition, it must also:

- Have fewer than 100 beds excluding beds for newborns and beds in intensive care type inpatient units;
- Be located in a rural area. This includes all areas not delineated as “urbanized” areas by the Census Bureau, based on the most recent census;
- Have a current Medicare participation agreement;
- Be in compliance with the Medicare hospital Conditions of Participation (CoPs) at 42 CFR Part 482;
- Not have in effect a 24-hour nursing waiver granted under 42 CFR §488.54(c)
- Not have a swing-bed approval terminated within the 2 years previous to application;
- Meet the swing-bed requirements at 42 CFR §485.66; and
- Complete the forms that are included with this letter and return to the SA.

(Name)

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(Date)

After the eligibility of your facility has been decided, we will arrange a survey to determine compliance with the hospital swing-bed CoPs. The surveyors will inspect the facility, interview you and members of your staff, review documents, and undertake other procedures necessary to evaluate the extent to which the facility meets the hospital swing-bed CoPs. If the facility has significant deficiencies in any of the hospital swing-bed CoPs, you will be informed and given an opportunity to correct them.

Please be advised that your facility may not be paid for any swing-bed services provided prior to the effective date for swing-bed approval.

Please do not hesitate to contact this office at **(phone number of SA)** if you have any questions.

Sincerely yours,

(State Agency)

Enclosures: **(List as appropriate)**

cc: CMS Regional Office